

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7						
8						
9						
10						
11						
12		1				
13	1					
14	1					
15	1					
16	1					
17	1					
18	C	C				
19	1					
20	C	C				
21	1					
22	1					
23	1					
24	1					
25	1					
26	C	C				
27	1					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						